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PTO/SB/01 (6-95)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<small>0010/PTO Rev. 6/95</small> <div style="text-align: center;">DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</div> <div><input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing</div>	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">Attorney Docket Number</td><td style="width: 50%;">C 2534 PCT/US</td></tr><tr><td>First Named Inventor</td><td>PAULY, Gilles</td></tr><tr><td colspan="2" style="text-align: center;">COMPLETE IF KNOWN</td></tr><tr><td>Application Number</td><td></td></tr><tr><td>Filing Date</td><td></td></tr><tr><td>Group Art Unit</td><td></td></tr><tr><td>Examiner Name</td><td></td></tr></table>	Attorney Docket Number	C 2534 PCT/US	First Named Inventor	PAULY, Gilles	COMPLETE IF KNOWN		Application Number		Filing Date		Group Art Unit		Examiner Name	
Attorney Docket Number	C 2534 PCT/US														
First Named Inventor	PAULY, Gilles														
COMPLETE IF KNOWN															
Application Number															
Filing Date															
Group Art Unit															
Examiner Name															

As a below named inventor, I hereby declare that:
My residence, post office address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

USE OF SUGAR ESTERS IN COSMETIC AND/OR PHARMACEUTICAL PREPARATIONS

(Title of the Invention)

the specification of which
☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) 02/20/2003 as United States Application Number or PCT International Application Number PCT/EP03/01731 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
02290508.7	EP	03/01/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<div style="text-align: center;"><input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.</div>

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

DECLARATION**Page 2**

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP03/01731	02/20/2003	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name Customer Number or label

☒ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
Steven J. Trzaska	36,296		
Aaron R. Ettelman	42,516		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number ☐ or label **23657** OR ☐ Fill in correspondence address below

Name	Aaron R. Ettelman				
Address					
Address					
City		State		Zip	
Country		Telephone	215-628-1413	Fax	215-628-1345

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Gilles	Middle Initial		Family Name	Pauly	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	Nancy	State		Country	France	Citizenship	France
Post Office Address	5, rue de Begonias						
Post Office Address							
City	54000 Nancy	State		Zip		Country	France
						Applicant Authority	

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

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C 2534 PCT/US

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet											
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor															
Given Name	Olga				Middle Initial			Family Name	Freis			Suffix e.g. Jr.									
Inventor's Signature									Date												
Residence: City		Selchamps				State				Country		France		Citizenship		France					
Post Office Address		10, avenue des Heleux																			
Post Office Address																					
City		54280 Selchamps				State				Zip				Country		France		Applicant Authority			
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor															
Given Name	Louis				Middle Initial			Family Name	Danoux			Suffix e.g. Jr.									
Inventor's Signature									Date												
Residence: City		Saulxures Les Nancy				State				Country		France		Citizenship		France					
Post Office Address		12, rue de Bretagne																			
Post Office Address																					
City		54420 Saulxures Les Nancy				State				Zip				Country		France		Applicant Authority			
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor															
Given Name	Veronique				Middle Initial			Family Name	Gillon			Suffix e.g. Jr.									
Inventor's Signature									Date												
Residence: City		Essey-les-Nancy				State				Country		France		Citizenship		France					
Post Office Address		73 bis, rue Roger Berlin																			
Post Office Address																					
City		54270 Essey-les-Nancy				State				Zip				Country		France		Applicant Authority			
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor															
Given Name	Philippe				Middle Initial			Family Name	Moussou			Suffix e.g. Jr.									
Inventor's Signature									Date												
Residence: City		Nancy				State				Country		France		Citizenship		France					
Post Office Address		14, rue de Marsal																			
Post Office Address																					
City		54000 Nancy				State				Zip				Country		France		Applicant Authority			
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto																					

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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet					
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name	Philippe			Middle Initial			Family Name	Grisoni			Suffix e.g. Jr.				
Inventor's Signature								Date							
Residence: City		Bey sur Sella			State			Country	France		Citizenship	France			
Post Office Address		29, rue Principale													
Post Office Address															
City	54760 Bey sur Sella			State			Zip			Country	France		Applicant Authority		
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name				Middle Initial			Family Name				Suffix e.g. Jr.				
Inventor's Signature								Date							
Residence: City					State			Country			Citizenship				
Post Office Address															
Post Office Address															
City				State			Zip			Country			Applicant Authority		
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name				Middle Initial			Family Name				Suffix e.g. Jr.				
Inventor's Signature								Date							
Residence: City					State			Country			Citizenship				
Post Office Address															
Post Office Address															
City				State			Zip			Country			Applicant Authority		
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name				Middle Initial			Family Name				Suffix e.g. Jr.				
Inventor's Signature								Date							
Residence: City					State			Country			Citizenship				
Post Office Address															
Post Office Address															
City				State			Zip			Country			Applicant Authority		
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Given Name				Middle Initial			Family Name				Suffix e.g. Jr.				
Inventor's Signature								Date							
Residence: City					State			Country			Citizenship				
Post Office Address															
Post Office Address															
City				State			Zip			Country			Applicant Authority		
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto															